



Informed Consent for Extraction by General Dentist

I understand that there may be alternatives to the extraction of teeth and after the doctor's explanation, I have chosen extraction. There are various normal complications that can occur despite all efforts to the contrary as a result of the extraction(s) which include but are not limited to:

- Allergic reaction to medications or anesthetics used
- Pain, swelling, infection, bruising, bleeding
- Stiffness of the nearby muscles
- Numbness – Due to proximity of tooth roots (especially wisdom teeth) and other surgical sites to the nerves, it is possible to lose function of nerves following the removal of the tooth or surgery in the area. The lip, chin, teeth, gums, or tongue could thus feel numb (resembling local anesthetic injection). There may also be pain, loss of taste, and change in speech. This could remain for days, weeks, or possibly, permanently.
- Root tips may fracture and be left in place or could be displaced into the sinuses and/or spaces nearby
- Dry sockets, aspiration and/or swallowing of foreign objects
- Damage to adjacent teeth and/or restorations

I understand that this procedure can also be performed by a specialist and prefer that this treatment be rendered in this office by a general dentist.

The dental care and treatment to be performed has been explained to me and I understand what is to be done and that there is no warranty or guarantee as to any result and/or cure. I may ask the attending dentist for a more complete explanation.

This is my consent for the extraction, anesthetics, and x-rays to be taken.

I have read and understand the above and have had all my questions answered to my satisfaction and I agree to proceed with the recommended extractions(s).

Date

Signature